

## College of Medicine Demographic Profile – In-state Applicants only

Name: \_\_\_\_\_ AMCAS ID#: \_\_\_\_\_  
please print or type in black ink

Start Term: \_\_\_\_\_

In its effort to continue including diversity in its student body, the College of Medicine is actively pursuing additional information that will ensure selection of not only the most academically qualified applicants but also those applicants with the most distinctive personal qualities. Please complete the following survey to provide the College with accurate information about yourself.

1. Is English your second language?  Yes  No

2. How much of your annual college expenses did you or will you earn?  
 (not including scholarships and/or student loans)

- |                                      |   |
|--------------------------------------|---|
| <input type="checkbox"/> 25% or less | <input type="checkbox"/> 51% to 75%     |
| <input type="checkbox"/> 26% to 50%  | <input type="checkbox"/> 76% or greater |

3. How much of your annual college expenses were supported by scholarships/grants vs. student loans or other?

Please indicate all that apply:

- |  |   |
|--|---|
| <input type="checkbox"/> Scholarships/Grants   |   |
| <input type="checkbox"/> 25% or less           | <input type="checkbox"/> 51% to 75%     |
| <input type="checkbox"/> 26% to 50%            | <input type="checkbox"/> 76% or greater |
| <input type="checkbox"/> Student Loans         |   |
| <input type="checkbox"/> 25% or less           | <input type="checkbox"/> 51% to 75%     |
| <input type="checkbox"/> 26% to 50%            | <input type="checkbox"/> 76% or greater |
| <input type="checkbox"/> Other, explain: _____ |   |
| <input type="checkbox"/> 25% or less           | <input type="checkbox"/> 51% to 75%     |
| <input type="checkbox"/> 26% to 50%            | <input type="checkbox"/> 76% or greater |

4. Does this application represent a career change?  Yes  No

If yes, then describe your first career: \_\_\_\_\_

If it has been more than 6 months since you finished your bachelor's degree, tell us your principal employment since that time (List whether halftime or more and dates):

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Name of Applicant \_\_\_\_\_

(Please type or print)

5. The MUSC College of Medicine has a unique partnership with AnMed Health in Anderson, SC. Students may apply to complete their third and fourth years of medical school at the AnMed Health regional campus in a novel curriculum track that emphasizes primary care.

Would you like to apply to the AnMed track? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, a packet with more details will be sent.

6. What area of medicine do you expect to pursue at this stage?

\_\_\_\_\_

7. In what region of the country do you plan to practice? Explain your reasons for choosing this area:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Describe any achievements or experiences that you believe make you a unique student.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Hometown: \_\_\_\_\_

10. Family Income while growing up (total income of all members living at home):

- |   |   |
|---|---|
| <input type="checkbox"/> \$25,000 or less     | <input type="checkbox"/> \$75,000 to \$99,999 |
| <input type="checkbox"/> \$25,001 to \$49,999 | <input type="checkbox"/> \$100,000 or greater |
| <input type="checkbox"/> \$50,000 to \$74,999 |   |

11. How many siblings are in your family? \_\_\_\_\_

Signature : \_\_\_\_\_ Date: \_\_\_\_\_

You may include an additional page or two when answering the questions listed above, but please include both your name and AMCAS ID number on all attachments.

Please email to [COM-Admissions@musc.edu](mailto:COM-Admissions@musc.edu) or mail to:

College of Medicine Dean's Office  
ATTENTION: Medicine Admissions  
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